DOCUMENT RESUME

ED 343 704 PS 020 431

TITLE Home-Based Family-Centered Services: A Response to the Child Welfare Crisis. Occasional Paper No. 1.
INSTITUTION Indiana Youth Inst., Indianapolis.
PUB DATE 91
NOTE 24p.
PUB TYPE Viewpoints (Opinion/Position Papers, Essays, etc.) (120) -- Reports - Descriptive (141)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Child Welfare; Day Care; *Family Problems; *Family Programs; *Home Programs; *Program Costs; *Social Services
IDENTIFIERS *Indiana

ABSTRACT

This paper proposes the use of home-based, family-centered services that are designed to encourage the healthy development of children in their families. Such services would constitute part of a comprehensive approach to the child welfare problem in Indiana. The goals of family-centered services are to: (1) preserve the integrity of the family; (2) link children and families with community agencies; and (3) strengthen families' coping skills. The impact, in human terms, of lack of family services is illustrated by a case scenario. The problems encountered by the family in this scenario could have been prevented by a family-centered service plan that included income assistance, child care, transportation, parent education, and social support. In financial terms, home-based, family-centered services would cost less than foster care and institutional placement. Several Indiana communities have recently implemented home-based, family-centered programs. Two such programs are Families United, which provides services to families in six rural counties; and the Family Life and Education Program, an urban home-based service model serving families in eight central Indiana counties. Appendixes include flyers describing the child welfare cost crisis and the Indiana child and family support campaign. (BC)

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Home-Based Family-Centered Services: A Response to the Child Welfare Crisis

1991

Occasional Paper No. 1

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Home-Based Family-Centered Services: A Response to the Child Welfare Crisis

Introduction

Conferees at the Indiana Youth Institute's 1990 annual conference, "Growing Up In Indiana: A New Vision," reviewed and revised a working draft of 10 "blueprints" for the healthy development of all Indiana's children (see back page). One basic premise is common to these blueprints:

> Every child in Indiana--regardless of race, gender, ethnicity, handicapping condition, geographical location or economic status--deserves an equal opportunity to grow up in a safe, healthy, and nurturing environment.

Many advocates fear that the erosion of Indiana's child protective service system is seriously compromising this basic premise. In response to this concern, the Indiana Youth Institute issued a special report entitled "A Crisis in Child Welfare: The High Cost of Neglecting a System," in January 1990, and reissued the report, updated, in January 1991 (Appendix A). This report brought attention to a number of troubling indicators that suggest the need for change in the way Indiana addresses child protective services. One indicator of the child welfare crisis is the increasing number of Indiana's children removed from their homes and placed in substitute care. Figure 1 shows that there has been a 47 percent increase in the number of Indiana children in substitute care in the last five years.[1] This is even more alarming when one considers that population estimates for the state of Indiana from 1985 to 1990 show a 3.7 percent decline in 0-19 years old.[2]

This paper proposes the use of home-based, family-centered services as one option for encouraging the healthy development of children within their families as part of a comprehensive approach to the child welfare problem. The Indiana Youth Institute has joined forces with the Indiana Child and Family Support Campaign to raise public awareness of the needs of children and families who live in poverty.

The goals of HBFC services are threefold:

- to preserve the integrity of the family and prevent unnecessary out-of-home placement;
- to link the child and family with appropriate community agencies and individuals in order to create an ongoing community support system; and
- to strengthen the family's coping skills and capacity to function effectively in the community.[3]

The Impact of the Crisis in Human Terms

A recent report issued by the National Center for Children in Poverty noted that among poor families, situational factors may be responsible for as much as 90 percent of child maltreatment. Severe stress, lack of social supports, and dangerous housing in disrupted neighborhoods are some of these situational factors. The same report cited a 1986 national survey that found maltreatment of children to be "about seven times as great among families with an annual income below $15,000 as among families with an annual income over $15,000. Rates of abuse were almost five times as high among low-income children as among others, and rates of neglect were nine times as high."[4]

The following real case scenario demonstrates what frequently happens to vulnerable families in the absence of a child protective service safety net. Names have been changed and circumstances have been modified to safeguard confidentiality.

> Sarah grew up in poverty. Her first child, Josh, was born when she was 15; her second, Amy, when she was 16. When Sarah was 18 years old, Josh and Amy were removed from her home and never returned to live with her after the spring of 1980.
>
> Sarah's father, an unskilled worker with a seventh-grade education, was frequently unemployed. Sarah was the oldest of four girls. Her mother suffered poor health, with the result that Sarah had responsibility thrust upon her at an early age. One of the few "nurturing" relationships that Sarah experienced in her life was with Sam, the pizza delivery boy. Sam frequently provided Sarah and her sisters with unclaimed food from his

delivery route. Her affection for Sam grew. When she became pregnant by Sam, she quit high school, and her parents threw her out.

Sam and Sarah could not afford prenatal care. Their son Josh was born two months prematurely and was subject to chronic ear infections. When Amy was conceived, Sarah and Sam's relationship deteriorated, and Sam left the state.

Sarah applied for Food Stamps and Aid For Dependent Children. She had to make difficult choices among food, housing, clothing, and medical expenses for her children. (By 1989, Indiana's maximum AFDC benefit had declined to about 33 percent of the Federal Poverty Level; Food Stamps could have raised income for a family of three to about 62 percent of the Poverty Level.)

At the grocery in the winter of 1980, three-year-old Josh pulled a jar out of a display and a pyramid of grape jam toppled over on him, breaking half the items in the display. The storekeeper insisted that Sarah pay for the damage, which amounted to $27. This figure represented a sizeable proportion of her monthly income. Sarah paid for the damage at the expense of Amy's diaper budget. After Sarah rationed Amy's disposable diapers, Amy developed a diaper rash, which became infected. Amy was unable to sleep and developed a fever. Concerned, Sarah took both children to the public health clinic.

The nurse who examined Amy was legally compelled to report the child's condition to the family's welfare caseworker. Josh was rambunctious in the doctor's office. Tired, overwhelmed, and angry with Josh, Sarah lost control. She slapped Josh in the face and blamed him for her current situation.

An inexperienced, newly-hired caseworker was assigned to investigate the referral from the nurse. The rural county welfare department did not have sufficient staff to keep up with the high volume of referrals. Unable to monitor Sarah's situation, the caseworker recommended temporary foster care. The court removed both children from the home.

(The Child Protective Service system fails: the caseworker will process 100 cases per year. In 1980, a beginning caseworker would have earned a salary of $12,800 per year = $128 initial investment.)[5]

Sarah slumped into a depression and began abusing alcohol. She lived on the outskirts of a small town and had no transportation. Her children had been placed in a foster home 30 miles away, which made regular visitation difficult. The new caseworker could provide transportation for monthly visits only.

While Amy responded well to her foster family, Josh did not. He was angry and experienced night terrors, waking up nightly crying for his mother. The foster parents' frustration was exacerbated by having to work with three different caseworkers in a twelve-month period. The foster father was missing so much sleep that his job was in jeopardy. Reluctantly, they decided to give up. The welfare department had to find another placement for Josh.

The welfare department was unable to provide Sarah with the support services she needed while her children were out of the home. Sarah's case was passed on to a succession of workers, each with a higher caseload than the last. Sarah's situation did not improve. The judge, advised by yet another caseworker, saw reunification of this family as too risky. In 1985, five years after the children had been removed, the court terminated Sarah's parental rights.

(Foster care for Amy, 16 years at $4000+per year = $64,000; foster care for Josh, 10 years at $4000+per year = $40,000)

Years passed. Amy adjusted to her foster family. However, Josh went through nine foster home placements, seldom remaining more than one year in any home. He never managed to bond with any adult. He felt mistrustful of adults and frequently lashed out at authority.

Josh was picked up for shoplifting at age 11. When he was 12, a teacher discovered that he had brought a knife to school, and he was suspended. When Josh was 13, the court judged him to be delinquent. He was committed to the Department of Correction and sent to Boys' School. At age 14, Josh was placed in a residential treatment center, where he stayed for two years.

(Boys' School for Josh, 6 months at $25 per day = $4,500; residential care for Josh, 2 years [730 days] at $80 per day = $58,400)

By this time, Josh had acquired a reputation for victimizing younger, weaker children. Twelve caseworkers had been

assigned to Josh since he was three years old. His latest caseworker reported that he met the profile of many children who pass through the child welfare system. "Prognosis for the future is poor. If his behavior doesn't improve, Josh will likely spend as much time incarcerated in the adult correctional system as he will on the streets."

(Actual costs for substitute care for the children = $166,900; projected cost of adult incarceration for Josh, 10 years at $25,000 per year = $250,000; total potential cost for substitute care = $416,900)

This family's downward spiral did not have to happen. Had home-based, family-centered (HBFC) supports been available at the critical time of need, this family might have stayed together and developed in a healthy manner. A HBFC service plan for Sarah and her children would have been responsive to their needs. The plan could have included the following ingredients:

income assistance - providing emergency funds so that Sarah could purchase necessary provisions for her children, such as food, diapers, and medicine; teaching budgeting skills to prevent temporary shortages in the future;

child care - locating affordable child care to enable Sarah to return to school to complete her high school education;

transportation - providing transportation either directly or through a local vendor, to enable Sarah to attend high school, meet the health care needs of her children, and attend support groups;

parent education - assisting Sarah, in her home, to improve and use effective parenting skills, such as child management, discipline, and nurturing; and

social supports - reducing Sarah's isolation by involving her in a group of single-parent mothers to develop a system of peer supports, improve her self-esteem, and develop her capacity for self-help.

Providers of HBFC services work with the family in the home and community to assist with day-to-day child care routines. A healthy routine often breaks down when a family lives in poverty or is under stress. HBFC case managers assist by providing supports, including

wake-ups, assistance at mealtime, shopping, budgeting, finding child care, and providing instruction on the use of community resources.

HBFC case managers or family advocates understand that each family's situation is different. They make a thorough assessment of each family's strengths and weaknesses to see that its individual needs are carefully addressed. This assessment determines the case plan.

A family advocate will frequently involve the family or family members in support groups with other families who are experiencing similar difficulties. Involvement in a support group is especially effective with single parents who are struggling to overcome feelings of loneliness. The group enables them to develop a peer-support system, which increases their self-esteem. Of equal importance is the sense of empowerment that HBFC strives to instill in parents. The support that parents receive enables them to remain in charge of their children. Further, parents' active participation in decision-making discourage dependency by focusing on problem solving, skill building, and use of community resources.[6]

A trained family advocate, salaried at $25,000 per year, could have sustained a six-month involvement with Sarah and her family for no more than $2,500 (assuming that the family advocate provided intensive case management to ten to fifteen families per year). It is conceivable that the potential long-term expenditure of over $400,000 could have been saved with such a modest initial investment. Beyond the dollar cost of substitute care, is the suffering of a young mother and the wasted potential of her son. Such human costs cannot be calculated.

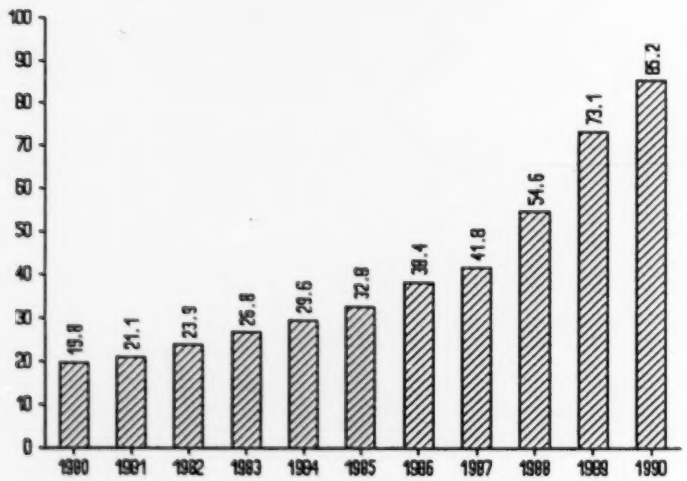
HBFC employees are typically well-trained, energetic and dedicated caseworkers. They carry small caseloads--as few as three families and seldom exceeding twelve families--enabling them to spend three to ten hours per week with each family. The caseworker's attention and concern for the family's welfare builds trust and encourages the family's confidence in other community services that can reduce the family's feelings of isolation. HBFC supports are time-limited, usually lasting a few weeks, and seldom more than nine months.

The Impact of the Crisis in Financial Terms

In addition to the feelings of loss and inadequacy that the child and family members experience when separated, the financial costs for substitute care are significant. Nationally, billions of dollars are expended for out-of-home care for children.[7] Yet data collected from HBFC programs consistently show that from 70 to 90 percent of families with children at risk of out-of-home placement can be helped to remain together.[8]

In Indiana, individual county budgets are burdened by the escalating numbers and costs for the substitute care of abused, neglected, and delinquent youth. Over 70 percent of the investment in child welfare (Figure 2) is expended to support various forms of substitute care, including institutional, foster, and psychiatric hospital care.[9]

Figure 2. Millions of Dollars Supporting Child Welfare



The burden has increased enough to receive legislative attention. In 1989, the Indiana General Assembly passed a law enabling counties to appeal to the State Board of Tax Commissioners for excess tax levies to accommodate these increasing costs. Counties must acquire loans to meet budgetary shortfalls for substitute care. In 1989 the State Welfare Board gave approval for ten counties to either borrow money or issue a bond to support the costs of substitute care (Table 1).[10]

Table 1. Counties Experiencing Over-Expenditure in Substitute Care Costs and Additional Funds Required, 1989	
Indiana County	**Amount Borrowed**
Davies	$60,000
Howard	353,800
Johnson	500,000
LaGrange	211,849
Lake	1,877,500
Marion	3,090,000
Martin	66,000
Monroe	282,000
Pulaski	147,000
Tippecanoe	450,000
TOTAL	$7,038,149

In 1990, 13 counties approached the State Welfare Board for approval to borrow money (Table 2).[11]

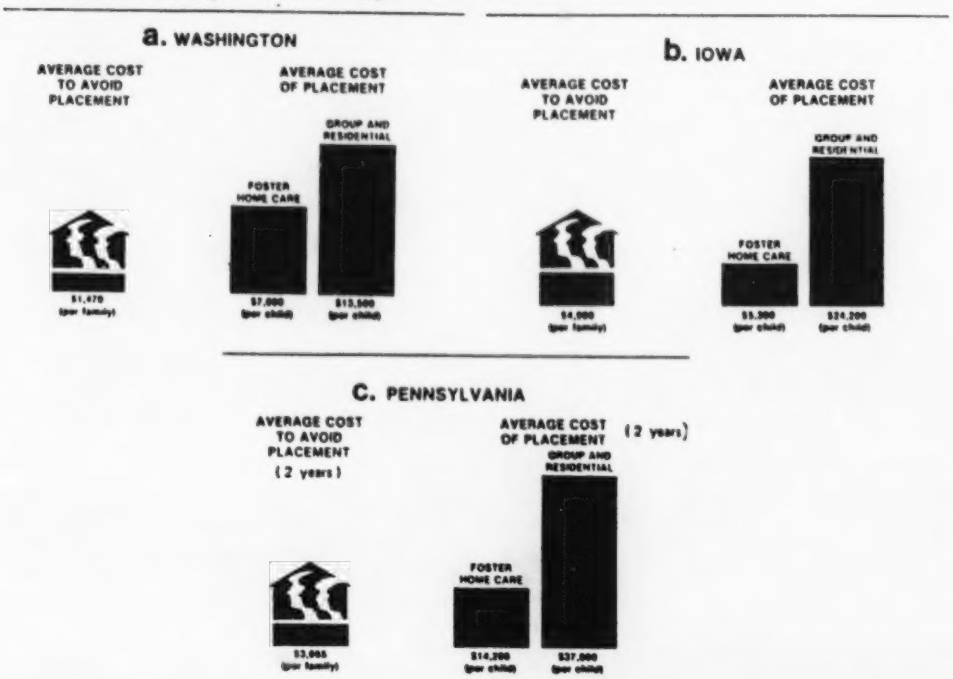
Table 2. Counties Experiencing Over-Expenditure in Substitute Care Costs and Additional Funds Required, 1990	
Indiana County	**Amount Borrowed**
Cass	277,466
Carroll	256,600
Fulton	59,278
Henry	77,072
Lake	5,892,000
Marion	5,587,000
Martin	77,808
Miami	136,820
Monroe	402,000
Newton	165,000
St. Joseph	1,741,987
Steuben	87,420
Tippecanoe	949,507
TOTAL	**15,709,958**

Although Indiana continues to invest heavily in substitute care, policymakers are reluctant to invest in HBFC services. These services appear expensive at the outset, yet, according to a study conducted at the University of Iowa:

> The difference between family-centered services and foster-care services expenditures is placement maintenance cost. Since family-centered services initially require a greater commitment of worker time and support services than foster home services, it appears that per-client expenditure is higher than foster care service expenditures. However, when projected substitute-care costs are discounted over the average length of time a child is likely to remain in care, family-centered (HBFC) services are more cost efficient.[12]

The annual cost for a foster placement in Indiana ranges from $4-12,000. The average annual cost of institutional/residential care ranges from $12-50,000. Institutional placement costs for some children exceed $100,000 per year. In contrast, expenditures for HBFC services have been demonstrated to be equal to or less than 10-25 percent of the cost of one year of substitute care.[13] A number of other states report similar relative costs for these different types of placement (Figure 3a-c).[14]

Figure 3. Comparison of Costs of HBFC, Foster Home, and Group Home Care in the States of Pennsylvania, Washington, and Iowa



Promising Developments in Indiana

Some Indiana judges and county council members are beginning to develop an awareness of the benefits of HBFC services. They understand that where such services are available, they can save a county's funds and stimulate the local economy. Keeping families together and youth in the community creates local employment opportunities. The jobs created through providing intensive services to vulnerable families keep local dollars recirculating in the county economy.[15]

In some communities county dollars have been coupled with federal funds provided through Title IV-B (funds provided to Indiana for assistance in compliance with Public Law 96-272). These combined resources have been used by local welfare departments to contract with private, not-for-profit agencies to provide HBFC services. In a few counties HBFC services are delivered through a collaborative venture involving Department of Education "At Risk" funds as well as Department of Mental Health discretionary funds.

Two Indiana programs are highly successful in demonstrating the effectiveness of home-based services. Families United, which serves Fountain, Benton, Carroll, Warren, White, and Cass counties, is a rural program that has provided support to children and families since 1986. The agency is founded upon the principle that the first and greatest investment in the care of children should be their homes. Families referred to this program sign an agreement to work voluntarily with a caseworker who assesses their needs, develops a service plan, and makes frequent home visits. Services are provided to each family for an average of nine months. During this period, the caseworker develops a supportive and nurturing relationship with the family by acting as counselor, role model, teacher, friend, and adviser.

The service plan may also include a family-support worker to provide transportation and to assist in teaching home management and nutrition. Families United also serves children returning from substitute care in an effort to ensure that they return to stronger and healthier families. Program Director Kathi Lange notes, "The greatest resource is found in the family itself. Our program strives to build on the family's strengths." Families United's goal is to keep at least 75 percent of referred families together. In 1989, the agency met and exceeded its goal by helping 89 percent of the families referred to the program to stay together.[16]

The Family Life and Education Program (FLEP), operated by the Visiting Nurse Service of Marion County, is an urban home-based service model. FLEP provides services to families in eight Central Indiana counties. FLEP staff believe that "even when difficulties are long standing or permanent because of handicapping conditions, families can respond." As with Families United, the FLEP program focuses on family strengths and teaches parents about children's developmental needs. Based on the program evaluation, 96 percent--or 171 of 179 families receiving Prevention of Placement services during the six-month period of the evaluation--remained intact and had no recidivism for six months after their initial involvement.[17]

The average length of services for the FLEP program is 5.5 months. During the six-month evaluation period, FLEP assisted 233 families, including the 179 that received Prevention of Placement services. The average cost was $935 per family. These families included 599 children, each of whom also received FLEP services. When calculated to include all family members, the average cost per person served is much less. The local welfare departments agree that FLEP is far more cost effective than out-of-home placement or individual counseling.

Former FLEP Program Coordinator Judith Kendrick says, "One of the keys to our success is program staff's special sensitivity to providing assistance to families in times of crisis." Had this program been available to Sarah and her family, it is conceivable that an investment of as little as $2,500 might have averted the expenditure of over $400,000.

Conclusion

Most of the families involved in child welfare and child protective services are poor and under stress as a result of their poverty. Expanding the availability of home-based, family-centered (HBFC) services could provide a method for keeping some of these families together. Initiating HBFC services is not just a question of obtaining new funding. It demands a commitment to examining how currently-available funds are used and developing a strategy that places emphasis on more cost-effective and humane in-home care. The philosophy undergirding HBFC services is a belief in the importance of families. As Callister, *et al* have stated: "Society should be willing to invest as much in a child's own family to prevent placement as it pays for out-of-home care."[18]

Notes

1. These figures include children placed in relatives' homes, foster homes, institutions, group homes, hospitals, nursing homes, and other care situations. The figures are for the end of the given fiscal year (June 30); the figure for 1990 is preliminary. Figures are drawn from annual editions of *A Graphic Overview of Indiana's Public Welfare Programs* (Indianapolis: Indiana Department of Public Welfare, 1987), E-39; (1988), E-37; (1989), E-43; and *Creating a System That Works For Everyone* (Indianapolis: Indiana Department of Public Welfare, 1990), 181.

2. U.S. Bureau of the Census (Indianapolis: Indiana University Economic Development Information Network [EDIN], 1990).

3. These principles were drawn from descriptions of several programs that appeared in *Children Today* 15 (November/December 1986). The entire issue was devoted to the subject of home based family services.

4. *Five Million Children: A Statistical Profile of Our Poorest Young Citizens* (New York: National Center for Children in Poverty, School of Public Health, Columbia University, 1990), 59.

5. A beginning caseworker would receive a salary of $17,758. in 1991. Salary figures were provided by the Personnel Division, Indiana Department of Public Welfare (telephone interview, 25 February, 1991).

6. *An Introduction To Family-Based Social Services* (Oakdale, Iowa: National Resource Center on Family Based Services, The University of Iowa School of Social Work, 1980), 3.

7. J. Lloyd and M. Bryce, *Preplacement Prevention and Family Reunification: A Basic View* (Oakdale, Iowa, National Clearinghouse for Home-Based Services for Children, The University of Iowa School of Social Work, 1980), 15.

8. Lloyd and Bryce, *Preplacement Prevention*, 14.

9. *Creating a System That Works For Everyone; Fiscal Year 1990 Annual Report* (Indianapolis: Indiana Department of Public Welfare, 1990), 141.

10. Figures supplied by the Accounts and Audits Section, Indiana Department of Public Welfare (telephone interview, 25 February, 1991).

11. *Ibid.*

12. J. Hutchinson, *A Comparative Analysis Of The Costs Of Substitute Care and Family Based Services* (Oakdale, Iowa: National Resource Center on Family Based Services, The University of Iowa School of Social Work, 1982).

13. Information supplied by Indiana Department of Public Welfare, Division of Research and Statistics (1990).

14. Cited in J. Lloyd and M. Bryce, *Preplacement Prevention*, 16-17. Figure 3a contrasts the average cost of a HBFC crisis intervention with average foster home and institutional costs in the state of Washington. Figure 3b compares the average cost for providing HBFC services to a family with a child already under disposition for placement in Iowa. Figure 3c compares the cost for two years of each type of treatment in the state of Pennsylvania. The authors note: "HOME BASED FAMILY CENTERED care serves an average of five persons per family, and the total family benefits in a much more comprehensive and coordinated way than can be achieved with substitute care."

15. Information supplied by Indiana Department of Public Welfare, Division of Research and Statistics (1990).

16. *District 4, Title IV-B Evaluation Report, October 1, 1988 to March 31, 1989* (n.p.: Families United, Comprehensive Home-Based Family-Centered Support Services, n.d.), 18. Photocopy.

17. *Ibid.*, 19.

18. J. P. Callister, L. Mitchell, and G. Tolley, "Profiling Family Preservation Efforts in Utah," *Children Today* 15 (November/December 1986), 23.

19. *Senior Citizens, The Disabled, and Children In Indiana: Children With Special Needs* (Indianapolis: Indiana Legislative Services Agency, 1990), 42.

20. L. B. Schorr with D. Schorr, *Within Our Reach: Breaking the Cycle of Disadvantage* (New York: Doubleday, Anchor Books, 1989), p. 156.

Appendix A

as an acceptable way to handle problems. We cannot afford to ignore the importance of preventing child abuse (7).

What Is Being Recommended

As the 1991 General Assembly convenes, child advocates are gathering forces to support legislation that would reduce child welfare caseloads to the levels recommended by the Child Welfare League of America. These advocates contend that if caseloads were a manageable size, caseworkers could more adequately protect and support abused and neglected children and their families. The Children's Defense Fund summarizes the issue from the national perspective:

> Our communities would not permit the fire department to ignore some fires and put out others, day after day, year after year, because sufficient resources were not available to respond appropriately to every alarm. Yet that is how we have structured our protective services system. Staff members are asked to make comparable choices affecting the lives of children on a daily basis, and there is little community outcry for increased resources.
>
> Agencies must have adequate resources to safeguard the welfare of all children and serve all groups of troubled children and families. To do their increasingly difficult jobs, these systems need new service dollars and the resources to hire more staff. These staff members must have adequate qualifications and training and receive adequate compensation for their hard work. States must establish a system of care that provides comprehensive assessments and planning for individual children and families and includes a commitment to meet identified service needs (8).

Thus, the Children's Defense Fund concludes:

"The issue is not whether to invest in help for these vulnerable children, but when and how."

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(219) 295-2277

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Original Publication Date: January 1990

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*THERE IS STILL A CRISIS

IN CHILD WELFARE

The EVEN HIGHER ~~High~~ Cost of Neglecting a System

* Red ink figures updated for 1990

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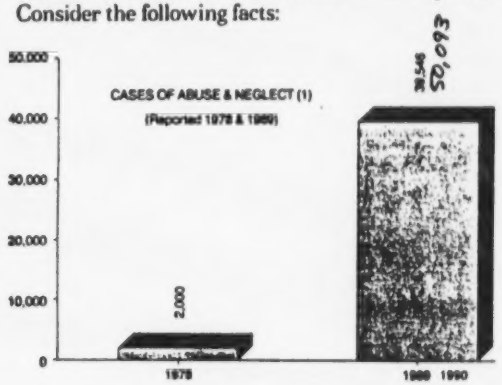
The Dimensions of the Crisis

Last year, 31 of Indiana's children – more than the number in a typical Hoosier classroom, more than double the number on a tournament basketball team – died because they were abused or neglected. In the past decade, more than 250 Indiana children – enough to fill 8 school buses – died for the same reasons. After investigations, over 20,000 children were found to be victims of abuse and neglect in Indiana Fiscal Year 1990 alone (1).

The public system charged with the awesome responsibility of protecting our young, child welfare, is in an acute state of crisis. Child advocates throughout the state are urging members of the 1991 Indiana General Assembly to increase the state's investment in and attention to this system. Consider the following facts:



- In 1978, there were 2,000 reports of abuse and neglect in Indiana. In 11 years, reports increased by 1,850% to 39,540 in 1990. Yet the child welfare system has had no increase in staff since 1978 (1). (Increased by 60 in FY 1990.)
- Indiana ranks 51st in the nation (Washington, D.C., included) in salaries paid to child welfare workers (2).
- Indiana caseworkers struggle with caseloads ranging between 55 and 80, while the Child Welfare League of America recommends that case loads not exceed 20 (3).

- Exhausted caseworkers and their supervisors have left the system in large numbers, resulting in loss of experienced, often valuable and committed, staff. Turnover is 50% to 100% per year in some counties (4).
- In 1981, Indiana had 3,455 foster homes to provide temporary care for abused and neglected children. By 1989, this number dwindled to 2,519 (1). Foster parents report that the primary reason for leaving the system was a lack of contact with the child's caseworker.

As the pressure has built on the child welfare system, prevention of family difficulties, or early intervention to resolve problems, has become a luxury and a thing of the past. Where family problems are deeply entrenched, state and local child welfare officials recognize that intensive services are required to enable troubled families to stay together. However, intensive services are only possible when caseloads are low. Without the capacity to work intensively with families, welfare workers have no alternative but to remove increasing numbers of children from their homes and place them in various forms of substitute care. In June of 1989, 6,100 children were in substitute care (1).

The Financial Cost to Indiana's Taxpayers

In 1979, Indiana's child welfare expenditures were $19.3 million. Ten years later, in 1990, the costs had increased more than 250%, to $73 million. None of the additional funds have been used to expand the work force charged with the responsibility to manage the system. Current sources of funding are as follows:

State funding = $1.16 million
Federal funding = $9.26 million
County funding = $62.61 million

The vast majority of these funds are made available by county councils to support out-of-home institutional care. In Indiana we spend $11.7 million for institutional care and only $3.5 million in foster care, or 70% of the total funds available (4). Yet many youth-serving professionals agree that a large number of children in institutional care would be better served in community-based foster care if it were available.

Another $10 million is spent on medical, dental, clothing, and burial for our young. Compared to the whole, very few resources are spent helping families to stay together. Yet the National Resource Center on Family Based Services has determined that when skilled caseworkers provide intensive services to children and families in their own homes, 75-95% of involved families can stay together at a cost of approximately $3,000 per family (5). In contrast, institutional care costs an average of $34,000 per child per average 18-month episode. In some families several children are removed, thus multiplying the cost of substitute care. Once family ties are undone and a child is removed from the home, there is a tendency for the child to revolve in and out of substitute care for the remainder of his or her childhood years.

Indiana's Loss of Human Potential

Without a doubt, the highest cost of the current crisis is the loss of human life and human potential. Hoosiers under age 20 are already an increasingly scarce resource (6). Young Hoosiers are vital to our state's health and economy.

Human potential is also lost when the child welfare system fails and children graduate into the juvenile justice system or the adult correctional system. All too often, children move from the role of victim to victimizer. The National Child Abuse Coalition has pointed out the dangers to society when children in the child welfare system are ignored:

> The alternatives are too costly, given what we know about the consequences of child abuse. Eighty to ninety percent of the nation's male prison population were abused as children. Many times parents who abuse were themselves abused as children. Violence is learned

Appendix B

INDIANA CHILD AND FAMILY SUPPORT CAMPAIGN

Saving the Children,
Strengthening the Family

Indiana Child and Family Support Campaign
12 North 8th Street
Lafayette, IN 47901
(317) 423-2691

THE PURPOSE

To improve the benefits and services provided to children and families by the Indiana Department of Public Welfare.

THE RATIONALE

Indiana's children and families are in trouble. Our state's welfare system is underfunded and understaffed. It's a serious problem that needs to be fixed right now.

Caseworkers are overburdened. Benefits are inadequate. And unnecessary regulations clog the system with red tape. Poverty, child abuse, destitution, and homelessness mount. But Indiana's welfare system is unable to respond. Hoosier families and children desperate for help pour into the system. Often, they are turned away... Sometimes they can't get out.

The Indiana Child and Family Support Campaign is working to make the system better.

Over 50 state and local organizations are joining in the Campaign. They are committed to improving the benefits and services provided to Hoosier welfare recipients. Through public education and advocacy, the Campaign works for state funding for vital welfare programs.

THE ISSUES

The Indiana Child and Family Support Campaign endorses the following legislative agenda. Participating organizations will advocate on behalf of these issues during the 1991 General Assembly.

Family Support

- Participants of AFDC-IMPACT should have free and ample choice of child care placements. Reimbursements to child care providers should be made at market rates.
- The Department of Public Welfare should create additional case manager positions so that AFDC-IMPACT participants can be helped in the transition from welfare to work.
- Indiana should change the way delinquent child support arrearages are allocated to past AFDC recipients. The state should receive arrearage allocations only after all obligations to the children and family are made.
- Authority to require Medicaid recipients to make co-payments to medical service providers should be removed from the state statute.

Child Welfare

- Indiana's child welfare caseload standards should be changed to reflect the standards of the Child Welfare League Of America. Current caseloads differ by county but are as high as 80 children per caseworker. Indiana's ratio should be lowered to no more than 24 children per caseworker.

Income Maintenance

- The 10% ratable reduction of the maximum AFDC benefit should be eliminated, resulting in more adequate monthly AFDC checks. A single mother with one child would receive $255/mo. instead of the current $229/mo.
- The AFDC standard of need should be increased so that penalties for earning additional income will be reduced. A major disincentive to work and self sufficiency will be removed.
- An AFDC-Emergency Assistance program should be started in Indiana. Welfare families need a place to turn when emergency strikes. AFDC-EA would assist with evictions, utility disconnects, and food emergencies.
- AFDC benefits should be adjusted for inflation.

Administrative

- In order to reduce staff turnover and improve client service, Welfare Department salaries need to be increased.
- Client to caseworker and supervisor to caseworker ratios should be reduced.
- An awards program should be established to recognize and reward outstanding Welfare Department employees.

- Welfare employees should receive similar pay for doing similar work.

- Traveling caseworker positions should be established to assist in emergency delivery of services.

During the months leading up to the 1991 Indiana General Assembly, organizations involved in the Child and Family Support Campaign will conduct a series of activities intended to educate the public and policy makers about the issues.

State House Rally
The rally will be held January 10, 1991, at noon. People will gather at the State House in support of children and families.

Religious Leader Forum
The Campaign will organize and implement a gathering of Indiana religious leaders. On November 28, 1990, at the Catholic Center in Indianapolis, Indiana's faith community leaders will be educated about Child and Family Support issues. A joint statement will be drafted and released to the press and in church communities.

Policy Maker Education
The Campaign will orchestrate contacts made with state policy makers by organizations participating in the Campaign. The goal will be to educate policy makers about the Child and Family Support Campaign.

Press and Media Contacts
The Campaign will plan and conduct press conferences and news releases. It will educate the public about Child and Family Support issues through print, T.V., and radio forums.

What one individual can do to make a difference...

- Write your State Representative and State Senator. Tell them of your support for the Child and Family Support Campaign.

  Rep. (or Sen.) _____
  State House
  Indianapolis, IN 46204

- Write your Governor:

  Evan Bayh
  State House
  Indianapolis, IN 46204

- Send a gift of $25, $50, or $100 to help support the work of the Child and Family Support Campaign. 12 North 8th St., Lafayette, IN 47901

- Attend the State Rally for Hoosier Children and Families on January 10, 1990 at noon. People will gather outside on the corner of Senate and Washington and walk to the east steps of the State House on Capitol.

- Share this brochure with your friends and neighbors.

- Invite a speaker from Indiana Child and Family Support Campaign to talk about the issues.

1991 Indiana Child and Family Support Campaign Endorsements

AFSCME
Child Abuse and Neglect Council
Children's Bureau of Indianapolis
Church Federation of Indianapolis
Clark Co. Youth Services Coalition
Community Service Council of Central IN
Family Service Council of IN
Family and Children's Center
Family Services, Inc.
Floyd Co. Youth Services Coalition
IN Advocates for Children
IN Alliance for Better Child Care
IN CAP Director's Association
IN Chapter for the Prevention of Child Abuse and Neglect
IN Client's Council
IN Coalition for Human Services
IN Council of Churches
IN Council on Family Relations
IN Primary Health Care Association
IN Society for Hospital Social Workers
IN State Assoc. of County Welfare Directors
IN Welfare Watch
IN Youth Advocate Program
IN Youth Institute
IN Youth Legislative Task Force
IN Youth Services Association
Jewish Community Relations Council
La Casa
Lafayette Urban Ministry
League of Women Voters
Local Assistance Watch
Local Government Watch
Metro Advocate Ministry
National Association of Social Workers
National Council of Jewish Women - IN
Northwest IN Welfare Reform Coalition
Operation Shelter
Patchwork Central
Project HELP
United Auto Workers (UAW)

INDIANA YOUTH INSTITUTE

10 Blueprints for Healthy Development

The Indiana Youth Institute's blueprint for healthy development of all Indiana's children is based on the premise that every child in Indiana -- regardless of race, gender, ethnicity, handicapping condition, geographical location or economic status -- deserves an equal opportunity to grow up in a safe, healthy, and nurturing environment.

BUILDING A HEALTHY BODY

Indiana's youth will be born at full term and normal birth weight to healthy mothers. They will receive a well-balanced diet in adequate supply to grow strong bodies to acceptable height for their age. They will be provided a balance of physical activity and rest in a safe and caring environment. They and their families will have access to good medical care and educational opportunities that teach them how to abstain from health-endangering activities and engage in health-enhancing activities.

BUILDING POSITIVE RELATIONSHIPS

Indiana's children will experience love and care of parents and other significant adults. They will develop wholesome relationships while learning to work collaboratively with peers and adults.

BUILDING SELF ACCEPTANCE

Indiana's children and youth will perceive themselves as lovable, and capable; they will act with self-confidence, self-reliance, self-direction, and control. They will take pride in their accomplishments. As they develop self-esteem, they will have positive feelings about their own uniqueness as well as that of others.

BUILDING ACTIVE MINDS

Indiana's young people will have stimulating and nurturing environments that build on their individual experiences and expand their knowledge. Each young person will reach his or her own potential, gaining literacy and numeric skills that empower the lifelong process of asking questions, collecting and analyzing information, and formulating valid conclusions.

BUILDING SPIRIT AND CHARACTER

Indiana's young people will grow up learning to articulate and inculcate values upon which to make ethical decisions and promote the common good. Within safe boundaries, children and youth will test limits and understand relationships between actions and consequences.

BUILDING CREATIVITY AND JOY

Indiana's young people will have diverse opportunities to develop their talents in creative expression (e.g., music, dance, literature, visual arts, theater); to appreciate the creative talents of others; and to participate in recreational activities that inspire constructive, lifelong satisfaction.

BUILDING A CARING COMMUNITY

Indiana's communities will encourage their young people to see themselves as valued participants in community life. In addition to being recipients of services that express the communities' concerns for their safety and well-being, young citizens will become resources who will improve their surroundings, support the well-being of others, and participate in decisions that affect community life.

BUILDING A GLOBAL PERSPECTIVE

Indiana's children and youth will learn to see themselves as part of the global community, beyond ethnic, religious, state, and national boundaries. In formal and informal educational experiences, they will have opportunities to become familiar with the history, political issues, languages, cultures, and ecosystems that affect global life and future well-being.

BUILDING ECONOMIC INDEPENDENCE

Indiana's young people will be exposed to a variety of educational and employment experiences that will contribute to vocational and career options. Their formal and informal educational experiences will prepare them to make the transition from school to work, to contribute to the labor force, and to participate in an economic environment that will grow increasingly more complex and will require lifelong learning.

BUILDING A HUMANE ENVIRONMENT

All children will have access to a physically safe environment, free from abuse, neglect, exploitation, and other forms of violence. They will have adequate housing and living conditions; safe neighborhoods; clean air, food, and water. Their environment will be free from toxins, drugs, alcohol, and tobacco. All children will have an opportunity to learn how to protect their environment for the future.

Indiana Youth Institute • 333 N. Alabama, Suite 200 • Indianapolis • Indiana • (317) 634-4222